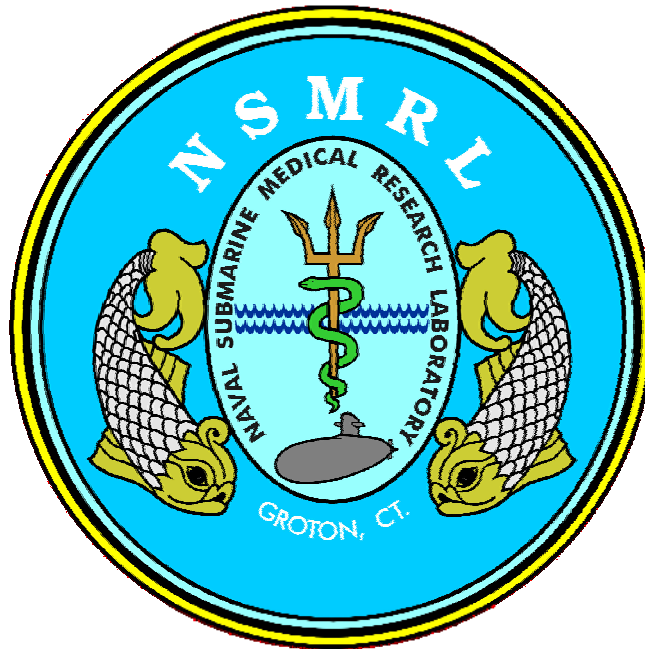


# Naval Submarine Medical Research Laboratory

NSMRL/MR--2009-1271

August 12, 2009

---



## Assessment of Headache Incidence during SURVIVEX 2004

**Gerard DeMers, DO, MPH**  
**Wayne G. Horn, M.D.**  
**Linda M. Hughes, M.S.**

**Approved and Released by:**  
**D.G. SOUTHERLAND, CAPT, MC, USN**  
**Commanding Officer**  
**NAVSUBMEDRSCHLAB**

---

**Approved for public release, distribution unlimited**



<b>REPORT DOCUMENTATION PAGE</b>					<i>Form Approved OMB No. 0704-0188</i>	
The public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0188), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.						
<b>PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS.</b>						
<b>1. REPORT DATE (DD-MM-YYYY)</b> 12/08/2009		<b>2. REPORT TYPE</b> Memorandum Report			<b>3. DATES COVERED (From - To)</b> 10/1/2002-04/13/2009	
<b>4. TITLE AND SUBTITLE</b> Assessment of Headache Incidence during SURVIVEX					<b>5a. CONTRACT NUMBER</b>	
					<b>5b. GRANT NUMBER</b>	
					<b>5c. PROGRAM ELEMENT NUMBER</b>	
<b>6. AUTHOR(S)</b>  LCDR Gerard Demers, DO, MPH Wayne G. Horn, MD					<b>5d. PROJECT NUMBER</b>	
					<b>5e. TASK NUMBER</b>	
					<b>5f. WORK UNIT NUMBER</b>  50203,50307,50404,50507	
<b>7. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES)</b> NAVSUBMEDRSCHLAB Box 900 Groton, CT 06349-5900					<b>8. PERFORMING ORGANIZATION REPORT NUMBER</b>	
<b>9. SPONSORING/MONITORING AGENCY NAME(S) AND ADDRESS(ES)</b> Code 00C Naval Sea Systems Command					<b>10. SPONSOR/MONITOR'S ACRONYM(S)</b>	
					<b>11. SPONSOR/MONITOR'S REPORT NUMBER(S)</b>	
<b>12. DISTRIBUTION/AVAILABILITY STATEMENT</b> Approved for public release, distribution unlimited						
<b>13. SUPPLEMENTARY NOTES</b>						
<b>14. ABSTRACT</b>  The extent to which headaches occur among submariners and impact their performance is unknown. The objective of this survey was to evaluate headaches as an issue of concern noted during SURVIVEX 2004, a disabled submarine survival exercise conducted aboard USS SALT LAKE CITY. For four days, the subjects were exposed to carbon dioxide levels above 1.5% and oxygen levels of below 19%. Of the 73 respondents, 47.9% of the subjects experienced a headache during the exercise, with 77.1% describing the pain as severe. The incidence of headache among SURVIVEX subjects needs to be considered in disabled submarine scenario planning.						
<b>15. SUBJECT TERMS</b> Headache, headache incidence, disabled submarine, survival, closed atmosphere,						
<b>16. SECURITY CLASSIFICATION OF:</b>			<b>17. LIMITATION OF ABSTRACT</b>  SAR	<b>18. NUMBER OF PAGES</b>  10	<b>19a. NAME OF RESPONSIBLE PERSON</b> Wayne Horn, MD	
a. REPORT  U	b. ABSTRACT  U	c. THIS PAGE  U			<b>19b. TELEPHONE NUMBER (Include area code)</b> 860-694-2514	

BLANK PAGE

## **Assessment of Headache Incidence during SURVIVEX 2004**

**Gerard DeMers DO, MPH  
Wayne G. Horn, M.D.  
Linda M. Hughes, M.S.**

Naval Submarine Medical Research Laboratory

Approved and Released by:



CAPT D.G. Southerland, MC, USN  
Commanding Officer  
Naval Submarine Medical Research Laboratory  
Submarine Base New London Box 900  
Groton, CT 06349-5900

### **Administrative information**

The views expressed in this report are those of the author and do not necessarily reflect the official policy or position of the Department of the Navy, Department of Defense, nor the United States Government. The study protocol was approved by the Naval Submarine Medical Research Laboratory Institutional Review Board in compliance with all applicable Federal regulations governing the protection of human subjects.

Approved for public release, distribution unlimited

BLANK PAGE

## CONTENTS

CONTENTS.....	iii
SUMMARY .....	1
Problem.....	1
Findings.....	1
Application.....	1
BACKGROUND .....	1
METHODS .....	1
RESULTS .....	2
CONCLUSIONS and DISCUSSION .....	3
REFERENCES .....	4

BLANK PAGE



## SUMMARY

### ***Problem.***

The extent to which headaches occur among submariners and impact their performance is unknown. The objective of this survey is to evaluate headache incidence as an issue of concern during SURVIVEX 2004, a simulated disabled submarine exercise.

### ***Findings.***

Of the 78 SURVIVEX trial subjects, 73 (94%) returned surveys. Of these, 47.9% reported experiencing a headache during the exercise.

### ***Application.***

The implications of headache aboard a disabled submarine (DISSUB) need to be considered in DISSUB scenario planning.

## BACKGROUND

There is no published data on the prevalence and overall impact of headaches on sailors in a disabled submarine situation. Etiologies for environmental exposure and onset of headaches are diverse and well documented. Tension headache is the most common primary headache and accounts for 90% of all headaches. Vascular headaches are the second most frequently occurring primary headaches. Such headaches are caused by blood vessel abnormalities and constitute about 8% of all headaches. About 2% of headaches are secondary headaches. Secondary causes of headache in this environment may be due to emotional stress<sup>1</sup>, sleep disturbance<sup>2</sup>, musculoskeletal dysfunction<sup>3,4</sup>, eyestrain from decreased lighting<sup>5</sup>, elevated CO<sub>2</sub> exposure<sup>6</sup>, and tobacco or caffeine withdrawal.<sup>7</sup> Headache secondary to elevated CO<sub>2</sub> exposure was less likely considering CO<sub>2</sub> levels only rose to a peak of 1.8% as measured by Analox monitor. Higher levels of CO<sub>2</sub> have been shown to cause sleep disturbance among submarine crew<sup>2</sup>. In order to evaluate the incidence of headache during a potential DISSUB scenario, the authors conducted surveys of SURVIVEX 2004 subjects.

## METHODS

During SURVIVEX 2004, a simulated sunken submarine trial conducted pier-side on USS SALT LAKE CITY, each of the 78 trial subjects was given a single modified 7-item headache questionnaire on the last day of the exercise (Day # 4). This was performed during the 1-hour Emergency Breathing trial. The first question asked if they experienced a headache during the 4-day trial and the remaining 6 questions were follow-up items specific to the nature and limitations of the headaches for those who did report a headache. Responses to the follow-up questions were on a Likert type scale. However, due to the small group size (n=35) and 2 or less responses occurring in some categories for some items, all responses were converted to equal = 0 if "Never" was the response, and 1 for all others. A converted score = 0 is described as a "No" response, and a converted score of 1 is a "Yes" response. A "Yes" could be a response ranging from rarely to always. A "Rarely" response was not collapsed with "Never" responses because in this context, describing an occurrence as "Rarely" over the course

of only 4 days was a positive response and therefore was chosen to best describe a "Yes" rather than "No" response. Therefore interpretation of these results is whether or not the headaches lead to further discomfort or limitations rather than the amount or magnitude of the discomfort or limitations. Using a chi-square nonparametric statistical test, analyses were done on each item to determine if the number of converted "Yes" responses were statistically different from the number of converted "No" responses (i.e., was the frequency of Yes responses statistically different from the frequency of No responses). It was assumed that a Yes or No response could have occurred for each item with equal probability.

## RESULTS

A total of 73 of 78 (93.6%) test subjects returned the questionnaire at the end of the trial. Out of these responders, 35 (47.9%) reported experiencing a headache during the exercise. Of those who reported a headache, 77.1% described the pain as severe at times and 65.7% wished they could lie down when experiencing a headache. Regarding their work, 37.1% stated it did limit their ability to perform their work or other tasks, 48.6% reported feeling too tired to do their work or other activities, and 60.0% reported they were limited in their ability to concentrate on work or activities because of their headache. A total of 82.9% reported feeling irritable because of a headache. Table one lists these items and the response rates. Only the Severe Pain and Irritability item responses were found to differ significantly in converted response rates.

Table 1. Responses to Follow-up Items.

Item	No %	Yes %	$\chi^2$	P
If you experienced a headache, was the pain severe?	22.9	77.1	10.31	.001
When you had a headache, did you wish you could lie down?	34.3	65.7	3.46	.06
Did your headache(s) limit your ability to perform your work or other tasks?	62.9	37.1	2.31	.13
Did you feel too tired to do your work or activities because of your headache(s)?	51.4	48.6	0.03	.87
Did you feel irritable because of your headache(s)?	17.1	82.9	15.11	<.001
Did your headache(s) limit your ability to concentrate on work or activities?	40.0	60.0	1.40	.24

Degrees of freedom for all tests = 1.

## CONCLUSIONS AND DISCUSSION

Almost half of the crew subjects that were surveyed reported a headache and of these most reported the pain as severe. Additionally, a significant amount stated they felt irritable as a result. In the SURVIVEX 2004 trial, subjects were exposed to a carbon dioxide level of >1.0% for 24 hours (from hour 48-72) and >1.5% for 12 hours (from hour 60-72). Subjects breathed oxygen at a level of <19.0% for 58 hours (from hour 15-58) in the compartment in which temperatures were greater than 80 deg. F. for 30 hours and humidity was greater than 70% for 60 hours<sup>8</sup>. It is likely that these environmental conditions contributed to the high headache rate. Previous studies have shown that elevated carbon dioxide levels, low oxygen levels, uncomfortable temperature and humidity levels, and difficulty sleeping can cause headaches.<sup>5,9,10</sup> Additionally, smoking during the trial was prohibited and nicotine withdrawal can also cause headaches. However, attempts to control for nicotine withdrawal were made by offering nicotine gum and patches to crew who smoked. Some of these members did switch to smokeless tobacco during the exercise.

The implications of headache in DISSUB crewmembers, needs to be considered, possibly by evaluating submariners during normal underway working conditions and comparing those results. Lack of a standardized questionnaire, a baseline headache questionnaire, randomization of subjects selected to participate, and a small sample size are limitations of this evaluation that may be addressed in any future exercise.

## REFERENCES

1. Janke EA, Holroyd KA, Romanek K .Depression increases onset of tension-type headache following laboratory stress. *Pain*. 2004 Oct;111(3):230-8.
2. Margel D, White DP, Pillar G. Long-term intermittent exposure to high ambient CO<sub>2</sub> causes respiratory disturbances during sleep in submariners. *Chest* 2003 Nov; 124(5): 1716-23
3. Hagen K, Einarsen C, Zwart JA, Svebak S, Bovim G. The co-occurrence of headache and musculoskeletal symptoms amongst 51,050 adults in Norway. *Eur J Neurol*. 2002 Sep;9(5):527-33.
4. Mills Roth J.Physical therapy in the treatment of chronic headache. *Curr Pain Headache Rep*. 2003 Dec;7(6):482-9. Review.
5. Gil-Gouveia R, Martins IP. Headaches associated with refractive errors: myth or reality? *Headache*. 2002 Apr;42(4):256-62.
6. Halpern P, Raskin Y, Sorkine P, Oganezov A. Exposure to extremely high concentrations of carbon dioxide: a clinical description of a mass casualty incident. *Ann Emerg Med*. 2004 Feb;43(2):196-9.
7. Mannix LK, Frame JR, Solomon GD.Alcohol, smoking, and caffeine use among headache patients. *Headache*. 1997 Oct;37(9):572-6.
8. Horn W, Benton P, Demers G, Jankosky C, Woodson P, Lunney T, Wagner S, Hughes L, Quatroche A, Burnside D. SURVIVEX 2003 and SURVIVEX 2004: Simulated disabled submarine exercises. Naval Submarine Medical Research Laboratory Tech. Report 1270,2009.
9. Francis TJR, Young A J. Stulz D A, Muza S R, Castellani J W, Hoyt RW, Delany JP, Cymerman A, Lieberman HR, O'Brien C, Blanchard LA, Degroot DW, Wray D, Norfleet WT. "Estimated Carbon Dioxide Production and Physiological Adaptation of Survivors in a Simulated Disabled Submarine (U)," Naval Submarine Medical Research Laboratory, Tech Report Number TR1224, 2002.
10. Risberg J, Ostberg C, Svensson T, Norfleet W, Ornhagen H, Mjaavatten O, Juvik T. Atmospheric changes and physiological responses during a 6-day "disabled submarine" exercise. *Aviat Space Environ Med*. 2004 Feb; 75(2):138-49.